



Alabama Procurement Technical Assistance Center Program

Your Resource to Winning Government Contracts.

www.al-ptac.org

Introduction to Government Contracting For Woman Owned Businesses

Friday, February 3, 2012
9:30 AM – 11:30 AM

Innovation Depot
1500 First Avenue North Birmingham, AL 35203

Workshop Description: This 2-hour seminar is a must for any Woman Owned Business that is considering doing business with the government. The workshop will include a general overview of how the government buys goods and services and the 10 Step Approach to Government Contracting.

The Major Focus of this workshop will be the Woman Owned Small Business Federal Contract Program. Topics will include General Program Details, Eligibility requirements for the program, and the Certification procedures.

Major Topics: Central Contractor Registration, HUB Zones, Marketing/Sales, Mentor-Protégé, Procurement/Purchasing, Selling to Government, Small Disadvantaged Businesses, Subcontracting, Woman-owned Businesses.

This workshop is open to the public and there is no fee for this workshop

ADVANCE REGISTRATION REQUIRED

Seating is limited

*Please note on the registration form that you will attend the event or only want to receive an information packet containing contracting and procurement information.

[Register online](#) or fill out the form below.

Send the form in via fax (205-348-6974), email (ptac@ua.edu) or mail (APTAC, Box 870396, Tuscaloosa, AL 35487).

For more information about the event contact Lindsey Hammel at 205-348-1687



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Alabama SBDC Network

Alabama Procurement Technical Assistance Center Program

THE UNIVERSITY OF ALABAMA

OMB Approval No.:3245-0324
Expiration Date: 11/30/2013

Client Number:
Location Code:
Initials of Data Inputter:

1. Name of the Office Providing the Service
1a. Type of Client: Face to Face Online Telephone
2. City/State of Office Location

PART I: Client Request for Counseling

3. Client Name (Name of the person completing the form/representative of the business)
4. Email Website
5. Telephone Primary Secondary
6. Fax
7. Street Address/PO Box (Give business address if currently in business)
8. City
9. State
10. Zip +4

11. I request business counseling service from the Small Business Administration (SBA) or an SBA Resource Partner. I agree to cooperate should I be selected to participate in surveys designed to evaluate SBA services. I permit SBA or its agent the use of my name and address for SBA surveys and information mailings regarding SBA products and services (Yes No). I understand that any information disclosed will be held in strict confidence. (SBA will not provide your personal information to commercial entities.) I authorize SBA to furnish relevant information to the assigned management counselor(s). I further understand that the counselor(s) agrees not to: 1) recommend goods or services from sources in which he/she has an interest, and 2) accept fees or commissions developing from this counseling relationship. In consideration of the counselor(s) furnishing management or technical assistance, I waive all claims against SBA personnel, and that of its Resource Partners and host organizations, arising from this assistance. Please note: The estimated burden for completing this form is 18 minutes. You are not required to respond to any collection information unless it displays a currently valid OMB approval number. Comments on the burden should be sent to: U.S. Small Business Administration, 409 3rd Street, SW, Washington, DC 20416, and to: Desk Officer SBA, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C., 20503. OMB Approval (3245-0324). PLEASE DO NOT SEND FORMS TO OMB.

12. Preferred date & time for appointment Date: Time:
13. Client Signature Date:

PART II: Client Intake (To be completed by all Clients)

14. Race (Mark one or more)
American Indian or Alaska Native
Asian
Black or African American
Native Hawaiian or Other Pacific Islander
White
15. Ethnicity
Hispanic or Latino
Not Hispanic or Latino
16. Gender
Male
Female
17. Do you consider yourself a person with a disability?
Yes No

18. Veteran Status: Non-Veteran Veteran Service-Disabled Veteran
18a. Military Status: Member of Reserve or National Guard On Active Duty

19. Referred by? (Mark all that apply)
SBA District Office SBDC Other Client Magazine/Newspaper Other (specify)
Lender USEAC Educational Institution Word of Mouth
Business Owner SCORE Local Economic Development Official Television/Radio
SBA Web site WBC Chamber of Commerce Internet (please indicate website)

20a. Are you currently in business? Yes No (if no, skip to 30)
20b. If yes, are you currently exporting? Yes No
If yes to 20b, please go to Appendix A on page 3 to indicate the markets to which your company currently exports (mark all that apply).

21. Name of Business

22. Type of Business (choose primary category)
Mining Manufacturing Real Estate & Rental & Leasing Professional, Scientific & Technical Services
Utilities Finance & Insurance Health Care & Social Assistance Management of Companies & Enterprises
Information Wholesale Trade Accommodation & Food Services Agriculture, Forestry, Fishing & Hunting
Construction Public Administration Arts, Entertainment & Recreation Administrative & Support
Retail Trade Educational Services Transportation & Warehousing Waste Management & Remediation Services
Other Services (except Public Administration)

23. Business Ownership: What percentage of your business is male or female owned? % Male % Female
24. Date Business Started? (MM/YYYY)
25. Do you conduct business online? Yes No
26a. Are you a home based business? Yes No
26b. Are you 8(a) certified? Yes No

27a. Total No. of Employees (Full & PT)
27b. Of total employees, how many are engaged in the exporting aspect of your business? (Full & PT)
28a. For your most recent full business year, what were your: Gross Revenues/Sales \$ +Profits/-Losses \$
28b. Amount of your Gross Revenues/Sales related to exporting \$
29. What is the legal entity of your business?
Sole Proprietorship Corporation LLC
S-Corporation Partnership
Other (specify)

30. What is the nature of counseling you are seeking? (Choose primary category)
Start-up Assistance (How do I start a small business?)
Business Plan
Financing/Capital (such as applying for a loan, building equity capital)
Managing a Business
Human Resources/Managing Employees
Customer Relations
Business Accounting/Budget
Cash Flow Management
Tax Planning
Marketing/Sales (promotion, market research, pricing, etc.)
Government Contracting (including certifications)
Franchising
Buy/Sell Business
Technology/Computers
eCommerce (using the Internet to do business)
Legal Issues (such as, Should I incorporate?)
International Trade